LICENSE CLINICAL ALCOHOL AND DRUG ABUSE COUNSELOR INTERN(LCADC-I) <u>SUPERVISOR'S AGREMENT</u>

			Intern Address				
Counselor Interns Name (Print or Type)							
			Supervisor's License Number				
Organization			•				
				Co-Supervisors Name			
Supervisors Name (Print or Type)			Co- Supervisors License Number				
Organization			Phone				
Address		City		State	Zip		
ARTICLE I	Parties						
This agreement is made by and between			and				
ARTICLE II	Purpose	Intern		Superv	visor		
* *	s agreement is the provision of Administrative Code 641.C	internship supervision for	the practice of Licensed C	linical Alcohol and Dru	g Abuse Counseling in Neva	la as	
ARTICLE III	Term						
passes the oral exam	ffective from (date) mination or supervision agreer Gambling Counselors within F	nent has been terminated.	ain in effect until (date) Any change in supervision	n status must be submitt	or (Circle) Until I ted to the Board of Examiner	ntern s for	

ARTICLE IV Observation and Six Month Reporting

The Supervisor will provide a minimum of one-hour of individual supervision during each week, where the supervisor and intern review the intern's activities during the period. Supervision will also include the supervisor observing the intern conducting a minimum of one counseling session each month. Supervision will also include the supervisor verifying all educational and CUE's required during each reporting period.

The supervisor and intern will jointly submit there required 6-month report and notify the Board in writing within five calendar days of any changes in the supervision status.

In order for a clinical intern to pass the certification examination, the intern must have knowledge and/or experience in all aspects of clinical mental health counseling. During each supervision period you should evaluate growth/change in each area and identify specific learning activities. The assessment of knowledge and planning of activities should be made in conjunction with the intern. Use the following codes to evaluate current knowledge.

5 Advanced or full knowledge 4 Intermediate knowledge 3 Basic or entry level knowledge 2 Limited knowledge 1 No knowledge, no training	5 Advanced or full experience 4 Intermediate experience 3 Basic or entry level experience 2 Limited experience in area 1 No experience							
This is meant as a tool to guide the intern and supervisor in planned activities while preparing for the examination.	CURRENT CURRENT PROPOSED ACTIVITIES DURING THE INTERNSHIP LEVEL OF LEVEL OF KNOWLEDGE EXPERIENCE							
METHOD OF EVALUATION: 1. Feedback will be provided by the supervisor during each session, and a formal evaluation, using the supervisor's standard evaluation of student clinical skills, will be conducted each six months. A narrative evaluation will also be provided at the end of the contracted supervision time. 2. Specific feedback provided by supervisor will focus on interns ability demonstrated in the following categories:								
COUNSELING SKILLS								
CLINICAL DOCUMENTATION								
ADHERENCE TO ETHICAL AND LEGAL REQUIREMENTS								
PROFESSIONAL READINESS								
TREATMENT PLANNING AND THEORIES: A collaborative process through which the counselor and client develop desired treatment outcomes and identify the strategies for achieving them.								
IMPLEMENTING THE TREATMENT PLAN								
CONSULTING								
CONTINUING ASSESSME3NT & TREATMENT PLANNING								
CLINICAL EVALUATION: The systematic approach to screening and assessment.								
SCREENING								
ASSESSMENT								

OTHER AREAS ASSIGNED BY SUPERVISOR:							
Use the following space to describe the proposed working relationship between the supervisor and intern. Discussion should include number of hours worked per							
week, activities performed, volunteer versus employed, etc.							

ARTICLE V - SUPERVISORS QUALIFICATIONS

	QUESTION		YES	NO
Are you able to demonstrate at least (2) two ye	ars of mental health counseling experience?			
Do you hold a current license for LCSW or MF	T?			
Have you completed the Board approved interr If not on file with the Board please provide a co				
Are you related to the applicant?				
Are you involved in a close, personal relationsl	nip or friendship with the applicant?			
Do you have or have you ever had a client rela-	ionship with the applicant?			
Number of interns currently under your superv	sion?			
to disciplinary action by the board for non-com	ibility for supervising interns, please refer to NACC pliance of supervisory duties and/or held civilly lia the Board about a certified intern being supervised and ethical conduct of the certified Intern.	able by the courts for the practice of	of interns under their supervi	sion.
	GENERAL PROVIS	<u>HONS</u>		
This document contains all of the covenants an	reements, oral or written, between Intern and Supe d agreements between Intern and Supervisor with r s on behalf of any party, which are not embodied he	respect to representations, inducer	nents, promises or agreement	s, orally or
and Gambling Counselors. Such modifications any changes. I understand the progress report	ective only if in writing, signed by Intern and Supermust be in compliance with applicable Nevada Revets runs from January 1 until June 30 and July 1 are supervisors and the Board in the event that I applied to the supervisors and the Board in the event that I applied to the supervisors and the Board in the event that I applied to the supervisors and the Board in the event that I applied to the supervisors and the Board in the event that I applied to the supervisors and the Board in the event that I applied to the supervisors and the Board in the event that I applied to the supervisors are supervisors.	vised Statutes and Nevada Admini I until December 31 of each year	istrative Code and submitted r, unless this is the first repo	within five days of
I understand it is my responsibility to familiar	with the Standards Practice and comply with them.			
	ction for declaratory relief, is brought to enforce or r that purpose, in addition to any other relief that th		reement, the prevailing party	will be entitled to
This agreement will be governed by and constr	ucted in accordance with the laws of the State of N	evada.		
Executed at		On		
City / State		Month	n / Day / Year	
Interns Signature	Supervisors Signature	Co-Su	ıpervisors Signature	